



HAWAII STATE ETHICS COMMISSION  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
Fischer		Jody		503 951-0693
MAILING ADDRESS (Street)				FAX
16863 Front St				503 981-0837
(City)		(State)	(Zip Code)	
Woodburn		OR	97071	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

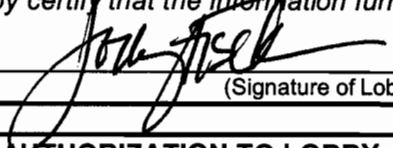
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
GlaxoSmith Kline			360-642-0770
MAILING ADDRESS (Street)			FAX
800 NE TENNEY Rd #110-235 <del>One Franklin Plaza PO Box 7929</del>			503-224-6198
(City)		(State)	(Zip Code)
Vancouver Philadelphia		WA PA	98085 19101
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jody Fischer			503 951-0693
MAILING ADDRESS (Street)			FAX
16863 Front St			503-981-0837
(City)		(State)	(Zip Code)
Woodburn		OR	97071

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

3-21-06  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Thomas A. Burns

Regional Vice President

NAME OF ORGANIZATION (if applicable)

TELEPHONE

GlaxoSmithKline

MAILING ADDRESS (Street)

FAX

800 Tenney Rd. Suite 110-235

(City)

(State)

(Zip Code)

Vancouver

WA

98685-2832

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

3/23/06  
(Date)